CORRELATES OF GENERALIZED ANXIETY AND PANIC ATTACKS IN DYSTONIA AND PARKINSON DISEASE

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Body/Text:

Objective: To determine differences in anxiety disorders associated with dystonia and Parkinson Disease (PD).

Background: We previously observed increases in DIS-ascertained DSM-III anxiety disorders in dystonia and PD. These data suggest that generalized anxiety (GA) (including Generalized Anxiety Disorder (GAD) and Atypical Anxiety Disorder) was common in dystonia while panic attacks (PA) (including Agoraphobia with Panic Attacks, Panic Disorder, and Atypical Anxiety Disorder) were frequent in PD. DSM-III-R psychiatric diagnostic criteria are more sensitive than DSM-III criteria to these anxiety diagnoses.

Methods: We determined the prevalences and onsets of anxiety disorders in patients with dystonia (n=28) and PD (n=28) using DSM-III-R criteria and evaluated two hypotheses: (1) GAD is more common in dystonia than in PD whereas Panic Disorder is more common in PD than in dystonia; (2) anxiety disorders develop after the onset of movement disorders. We then explored the relationship of GAD, secondary GA, Panic Disorder, and secondary PA to movement disorder clinical and demographic variables.

Results: In dystonia, 7 (25.5%) subjects had GAD, 11 (39.3%) had GA, 2 (7.1%) had panic disorder, and 2 (7.1%) had PA. In PD, 0 (0.0%) had GAD, 0 (0.0%) had GA, 7 (25.0%) had panic disorder, and 9 (32.1%) had PA. GAD was more common in dystonia while Panic Disorder was more common in PD (p=.0032). Including DSM-III-R Anxiety Disorders Not Otherwise Specified, GA developed more commonly after dystonia onset (i.e., secondary GA) while PA developed more commonly after PD onset (p=.048). Although exploratory analysis in dystonia of GAD and secondary GA did not reveal any statistically significant correlates, findings in PD indicated a relationship of Panic Disorder (p=.027) and secondary PA (p=.0009) to motor block frequency.

Discussion: These findings suggest relations of GAD with basal ganglia dysfunction (manifest in dystonia) and Panic Disorder with locus coeruleus dysfunction (a correlate of motor blocks). Although nonsignificant in the present study, future studies employing larger sample sizes might find associations of GAD in dystonia with depression, cognitive impairment, higher GABA agonist doses, and married marital status, and secondary GA with cognitive impairment and married marital status. Future studies may also find relationships of Panic Disorder in PD to depression, anticholinergic doses, and dyskinesia, and secondary PA with depression.

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